



Form
IT-40
Revised 9/98
SF# 154

1998 Indiana Full-Year Resident Individual Income Tax Return

Due April 15, 1999

If you are **not** filing for the calendar year January 1 through December 31, 1998,
enter period from: _____ to: _____

111-22-2333

111-22-2345

ASDF ASDF

ASDF

ASDF

DE 34456-0000

Your return has been filed electronically. Keep this printed copy for your records. DO NOT MAIL it in to the Department. Should you contact us regarding this electronic submission please refer to Confirmation Number:

00000017

Enter the **2-digit county code** numbers (found on page 6 in the instruction booklet) for the county where you lived and worked on January 1, 1998.

Check the box if you are married filing separately. ☒

Taxpayer
County where you lived **6 2** County where you worked **9 5**
Spouse
County where you lived County where you worked

School District Number (see page 26) **5 3 8 5**

Attach W-2 Forms between Lines 1 and 23

1. Enter your Federal Adjusted Gross Income from your federal return (see page 8)	1	0	2	3	4	3	2	4	0	0
2. Tax Add-Back: Tax deducted from federal Schedules C, C-EZ, E, and/or F only	2									
3. Net Operating Loss Carry forward from federal Form 1040, line 21, 'Other Income'	3									
4. Income taxed on federal Form 4972 (attach Form 4972: see page 9)	4									
5. Total Indiana Income: Add lines 1 through 4	5	0	2	3	4	3	2	4	0	0
6. Indiana Deductions: Enter Box A amount from the top of the back page. NOTE: If you are claiming other deductions, do not enter the Box A amount here. Instead, enter amount from Schedule 1, line 19, and attach Schedule 1	6			1	8	0	0	0	0	0
7. Indiana Adjusted Gross Income: Line 5 minus line 6	7	0	2	3	2	5	2	4	0	0
8. Number of exemptions claimed on your federal return 4 x \$1,000. (If no federal return was filed, enter \$1000 per qualifying person: see page 13.)	8			4	0	0	0	0	0	0
9. Additional exemption for certain dependent children (see page 13) Enter number claimed in box x \$500	9					0			0	0
10. Check box(es) below for additional exemptions if, by December 31, 1998: You were: 65 or older <input type="checkbox"/> or blind <input type="checkbox"/> . Spouse was: 65 or older <input type="checkbox"/> or blind <input type="checkbox"/> . Number of boxes checked 0 x \$1,000	10					0			0	0
11. Total Exemptions: Add lines 8, 9 and 10	11			4	0	0	0	0	0	0
12. State Taxable Income: Line 7 minus line 11 (if answer is less than zero, leave blank)	12		2	2	8	5	2	4	0	0
13. State Adjusted Gross Income Tax: Multiply line 12 by 3.4% (.034)	13			7	7	7	0	0	0	0
14. County Income Tax. See instructions on page 13	14					0			0	0
15. Use Tax due on out-of-state purchases (see page 16)	15									
16. Household Employment Taxes: Attach Schedule IN-H (see page 16)	16									
17. Total Tax: Add lines 13 through 16. Enter here and on line 24 on the back	17			7	7	7	0	0	0	0
18. Indiana State Tax Withheld: From box 18 of your W-2s, box A of WH-18s or from 1099s	18					0			0	0
19. Indiana County Tax Withheld: From box 21 of your W-2s, box B of WH-18s or from 1099s	19					0			0	0
20. 1998 Estimated Tax Paid: Include any extension payment made on Form IT-9	20									
21. Unified Tax Credit for the Elderly: see instructions on page 18	21									
22. Indiana Credits: Enter the total from line 12, Schedule 2: Attach Schedule 2	22				1	0	0	0	0	0
23. Total Credits: Add lines 18 through 22. Enter here and on line 25 on the back	23				1	0	0	0	0	0

AA BB CC DD


Turn the page

Landlord's name and address

24. Enter the Total Tax from line 17 on the front of this form 24

25. Enter the Total Credits from line 23 on the front of this form ► 25

26. If line 25 is more than line 24, subtract line 24 from line 25 (if smaller, skip to line 32) 26

27.  Amount of line 26 to be donated to the Indiana Nongame and Endangered Wildlife Fund (see instructions on page 23) 27

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28. Subtract line 27 from line 26 SUBTOTAL 28 00 00

29. Amount to be applied to your 1999 estimated tax account (see instructions) 29

30. Penalty for Underpayment of Estimated Tax for 1998: Attach Schedule IT-2210 or IT-2210A 30

31. Refund: Line 28 minus lines 29 and 30 (if less than zero see instructions)...YOUR REFUND ▶ 31

32. If line 24 is more than line 25, subtract line 25 from line 24. Add to this any amounts from lines 29 and 30, and enter total here (see instructions)... SUBTOTAL 32

33. Penalty if filed after due date (see instructions on page 24) 33

34. Interest if filed after due date (see instructions on page 24) 34

35. Amount Due: Add lines 32, 33 and 34 AMOUNT YOU OWE ► 35 0 0 7 6 9 0 0 0

No payment is due if you owe less than \$1.00. Do Not Send Cash. Make your check or money order payable to: Indiana Department of Revenue.

► Discover® Card payers must see page 24 for instructions.

Taxpayer \$

Spouse	\$	
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Spouse - Check box if you filed federal Schedule C or C-EZ for 1998. ☐

• If you do not need tax forms and instructions mailed to you next year, please check here. ☐

- Enter the number of motor vehicles you and your spouse own or lease. 3

• Are all these vehicles registered with the Indiana Bureau of Motor Vehicles? Yes ☒ No ☐ If No, attach an explanation.

If any individual listed at the top of the IT-40 died during 1998, enter date of death below.

Taxpayer's date of death 1998


Spouse's date of death

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I also understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. I also give the Indiana Department of Revenue permission to confirm information that I have placed on this form and any attachments with the Social Security Administration. This consent includes my authorization for the Social Security Administration to release my social security number, name, and date of birth. I understand that information obtained under this section will remain confidential and will be used solely for Department of Revenue official purposes. This consent is in effect until such time as I withdraw my authorization.

I authorize the Department to discuss my return with my tax preparer.

Yes ☐ No ☐

I authorize the Department to discuss my return with my tax preparer: ☒ Yes

Your Signature	Date
	

Spouse's Signature _____ Date _____

Your Daytime Telephone Number

3	3	3	4	4	4	5	5	5	5
---	---	---	---	---	---	---	---	---	---

Spouse's Daytime Telephone Number

Preparer's name

Address

City

State _____ Zip Code _____

State Zip Code

☐ Federal I.D. Number OR ☐ Social Security Number

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Preparer's Daytime Telephone Number

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Preparer's Signature

Date _____

Keep a copy for your records.

Schedule 1: Indiana Deductions
(Schedule 2 begins after Line 19 below)

Attachment
Sequence No. 01

Enter your first name, middle initial and last name and spouses full name if filing a joint return
ASDF ASDF

Your Social Security Number **1 1 1 2 2 2 3 3 3**

Please round all entries to nearest whole dollar (see instructions, pg 6)

		Dollars	Cents
1. Renter's deduction: You must complete the information area at the top of the back of the Form IT-40. Enter the Box A amount here ONLY if you are claiming additional deductions. Otherwise, leave this line blank and carry the Box A amount to line 6 on the front of the IT-40	1	1	5 0 0 0 0
2. State tax refund reported on federal return (see page 9)	2		
3. Interest on U.S. Government Obligations (see page 9)	3		
4. Taxable Social Security benefits (see page 9)	4		
5. Taxable Railroad Retirement benefits (see page 9)	5		
6. Military Service deduction: \$2,000 maximum for qualifying individual (see page 10)	6		
7. Non-Indiana Locality Earnings deduction: \$2,000 maximum per qualifying person (see pg. 10)	7	3 0 0	0 0
8. Insulation deduction: \$1,000 maximum: Attach verification (see page 10)	8		
9. Disability Retirement deduction: \$5,200 maximum per qualifying person (see page 10). Attach Schedule IT-2440	9		
10. Civil Service Annuity deduction: \$2,000 maximum per qualifying person (see page 10)	10		
11. Nontaxable portion of Unemployment Compensation (see page 11)	11		
12. Indiana Lottery Winnings (see page 11)	12		
13. Indiana Net Operating Loss deduction: Attach Schedule IT-40NOL (see page 11)	13		
14. Enterprise Zone Employee deduction: Attach Schedule IT-40QEC (see page 11)	14		
15. Recovery of deductions (see page 11)	15		
16. Human Services deduction (see page 12)	16		
17. Earned Income Tax deduction: Enter the amount from the worksheet on page 12	17		
18. Other deductions: List source(s) and amounts (see pg.12)	18		
19. Total Indiana Deductions: Add lines 1 through 18, enter total on line 6 of Form IT-40	19	1	8 0 0 0 0

Schedule 2: Indiana Credits

Please round all entries to nearest whole dollar (see instructions, pg 6)

1. Credit for Local Taxes Paid Outside Indiana (see page 19)	1		
2. County Credit for the Elderly: Attach federal Schedule R (see page 20) Important: Lines 1 plus 2 cannot be greater than the county tax due on IT-40 line 14 (see page 20)	2		
3. College Credit: Attach Schedule CC-40 (see page 20)	3	1 0 0	0 0
4. Credit for Taxes Paid to Other States: Attach other state's return (see page 20)	4		
5. Research Expense Credit: Attach Form IT-20REC (see page 21)	5		
6. Neighborhood Assistance Credit: Attach Schedule NC-20 (see page 21)	6		
7. Personal Computer Tax Credit: Attach Schedule PC-20 (see page 21)	7		
8. Enterprise Zone Credits (attach appropriate schedule: see page 21)	8		
9. Teacher Summer Employment Credit: Attach Schedule TSE (see page 22)	9		
10. Twenty-First Century Scholars Program Credit (see page 22)	10		
11. Other Credits: List source(s) and amounts (see page 22) Important: Lines 3 through 11 added together cannot be greater than the state adjusted gross income tax due on IT-40 line 13 (see instructions on page 22).	11		
12. Total Credits: Add lines 1 through 11 and enter total on line 22 of Form IT-40	12	1 0 0	0 0

Schedule
CT-40SF#47907
Rev. 9/98County Tax Schedule for
Indiana ResidentsAttachment
Sequence No. 02

◀ See instructions on page 13 to see if this schedule needs to be attached to your IT-40 ▶

Your first name and last name

ASDF ASDF

Your Social
Security Number

1 1 1 2 2 2 3 3 3

Spouse's first name and last name (if filing a joint return)

Spouse's Social
Security Number

1 1 1 2 2 2 3 4 5

SECTION 1: To be completed by those taxpayers who were residents of a county that had adopted a county income tax.

Your county of residence as of January 1, 1998. (Enter 2-digit county code # from the chart on page 17.)

6 2

Spouse's county of residence as of January 1, 1998. (Enter 2-digit county code # from the chart on page 17.)

1. Enter the amount from IT-40, line 12. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 12 on Line 1A only. See instructions on page 14

Column A - Yours

Column B - Spouse's

1A

1B

2. If you claimed a non-Indiana locality earnings deduction on Schedule 1, line 7, enter the amount here. If not, leave blank

2A

2B

3. Add lines 1 and 2

3A . 0 0

3B . 0 0

4. Enter the resident rate from the county tax chart on page 17 for the county code number shown above

4A 0 . 0 1

4B

5. Multiply line 3 by the rate on line 4

5A . 0 0

5B . 0 0

6. Add lines 5A and 5B. Enter the total here. Note: Perry County Residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 7 and 8. Otherwise, enter the total here and on line 9 below (see page 15)

6 . 0 0

7. Enter the amount of income that was taxed by any of the Kentucky counties listed on line 6 above

7

8. Multiply Line 7 by .005 and enter total here

8

9. Line 6 minus line 8. Enter the total here and on line 14 of Form IT-40

9 . 0 0

SECTION 2: To be completed by those taxpayers who, on January 1, 1998, were residents of a county that had not adopted a county income tax, but worked in an Indiana county that had adopted a county income tax.

Your county of principal employment as of January 1, 1998. (Enter 2-digit county code # from the chart on page 17.)

9 5

Spouse's county of principal employment as of January 1, 1998. (Enter 2-digit county code # from the chart on page 17.)

1. Enter your principal employment income by entering the total income from your W-2s, net self-employment income (from Federal Schedule C or C-EZ) and/or farm income (from Federal Schedule F). If you worked two or more jobs at the same time, enter the portion you earned from your main job. See page 15 for further instructions

Column A - Yours

Column B - Spouse's

1A

1B

2. Enter any amounts for payments made to self-employed retirement plans, IRA's, etc. See page 15 for the complete list of allowable deductions and further instructions

2A

2B

3. Subtract line 2 from line 1

3A . 0 0

3B . 0 0

4. Enter some or all of the exemptions from line 11 of Form IT-40 (see instructions on page 16)

4A

4B

5. Subtract line 4 from line 3

5A . 0 0

5B . 0 0

6. Enter the nonresident rate from the county tax rate chart on page 17 for the county number shown above under the Section 2 heading

6A

6B

7. Multiply the income on line 5 by the rate on line 6

7A . 0 0

7B . 0 0

8. Enter total of 7A plus 7B. Add to any Section 1, line 9 amount, and carry to line 14 of Form IT-40

8 . 0 0

**Schedule
CC-40**SF 20152
Revised 7/98**Indiana College Credit
for the Year of 1998**Attachment
Sequence No. **05**

This schedule is for computing credit for contributions to colleges and universities located in Indiana. This schedule, or a statement showing the same information, must be attached to the contributor's income tax return.

Your first name and last name ASDF ASDF		Your Social Security Number		1 1 1	2 2	2 3 3 3
Spouse's first name and last name (if filing a joint return)		Spouse's Social Security Number		1 1 1	2 2	2 3 4 5
Name of Corporation or Fiduciary				Federal ID Number (if applicable)		

PART I Itemized Contributions to Eligible Institutions (See reverse side for list and 4-digit code number)

Name of Eligible Indiana College or University	4-Digit Code Number*	Date of Contribution	Amount Given	Indicate below the type of return filed by the contributor.
Manchester College	8500	09/09/1998	\$567.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporate <input type="checkbox"/> Fiduciary
- -			\$	
- -			\$	

*See 4-digit college code listing on back of this schedule.

PART II Individual and Fiduciary Computation of Credit

- Enter the total contributions to Indiana colleges and universities listed above
- Enter 50% of line 1
- Limitation (\$100 single return or \$200 joint return)
- Enter the lesser of line 2 or line 3
- Enter Indiana adjusted gross income tax from line 13 of IT-40, line 11 of IT-40PNR or line 8 of IT-41
- Allowable College Credit: Enter line 4 or 5, whichever is less. Enter here and on IT-40 Schedule 2, line 3; on IT-40PNR Schedule E, line 3; or on IT-41 line 12

Column A		Column B	
Single or Married but Filing Separately		Married Filing a Joint Return	
1	567.00	1	
2	284.00	2	
3	100.00	3	200.00
4	100.00	4	
5	7770.00	5	
6	100.00	6	

PART III Corporation's Computation of Credit

- Enter the total contributions to Indiana colleges and universities listed above
- Enter 50% of line 1, or \$1,000, whichever is less
- Enter the adjusted gross income tax from the appropriate line on IT-20 or IT-20SC
- Multiply line 3 by 10% (.10)
- CREDIT: Enter line 2 or line 4, whichever is less. Enter here and on appropriate line of the tax return

1	
2	
3	
4	
5	

Important:

The taxpayer will be required to retain the receipts given by the Indiana colleges and universities indicating that a contribution has been made. These receipts should be maintained for a period of three years after the due date of the annual tax return where the credit was taken or three years after the date that return was filed, whichever is later.

General Information

Indiana taxpayers are allowed a credit against their Indiana state adjusted gross income tax liability for contributions to eligible colleges and universities or to corporations and foundations organized and operated exclusively for the benefit of any eligible colleges or universities. The payment of tuitions, fees, or room and board are not charitable contributions and do not qualify for this credit.

Nonresidents with taxable income from Indiana sources who have contributed to eligible Indiana colleges or universities are allowed a credit against their Indiana state adjusted gross income tax liability on Form IT-40PNR.



Indiana Department Of Revenue
**1998 Underpayment of
Estimated Tax By Individuals**

Attachment
Sequence No. **06**

Attach to Form IT-40, IT-40PNR or IT-40P

Your first name and last name ASDF ASDF	Your Social Security Number 1 1 1 2 2 2 3 3 3
Spouse's first name and last name (if filing a joint return)	Spouse's Social Security Number 1 1 1 2 2 2 3 4 5

Section A - Farmers and Fishermen Only - See Instructions

	Annual Gross Income from All Sources		Two-Thirds of Gross Income		Gross Income from Farming and Fishing
1997	<input type="text"/>	X 66.7%=	<input type="text" value=".00"/>		<input type="text"/>
1998	<input type="text"/>	X 66.7%=	<input type="text" value=".00"/>		<input type="text"/>

**Section B:
Early Filers**

Check box if you filed
your 1998 tax return and
paid the total tax due by
February 1, 1999. ☐

Section C - Required Annual Payment

1. 1998 tax	<input type="text" value="1"/>	<input type="text" value="7770.00"/>
2. 1998 credits (not including withholding credits or estimated tax payments).....	<input type="text" value="2"/>	<input type="text" value="100.00"/>
3. Subtract line 2 from line 1	<input type="text" value="3"/>	<input type="text" value="7670.00"/>
4. Multiply the amount on line 3 by 90% (.90).....	<input type="text" value="4"/>	<input type="text" value="6903.00"/>
5. 1998 withholding tax credit	<input type="text" value="5"/>	<input type="text" value=".00"/>
6. Subtract line 5 from line 3 - If less than \$400, STOP HERE! You do not owe a penalty	<input type="text" value="6"/>	<input type="text" value="7670.00"/>
7. Prior year's tax - Read instructions	<input type="text" value="7"/>	<input type="text" value="200.00"/>
8. Minimum required annual payment - Enter the lesser of line 4 or line 7 - If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty	<input type="text" value="8"/>	<input type="text" value="200.00"/>

**Section D - Short Method - Read the instructions to determine if you can
use the short method**

9. Enter the withholding tax credit amount from line 5 above	<input type="text" value="9"/>	<input type="text" value=".00"/>
10. Enter the total amount, if any, of estimated tax payments you made for tax year 1998	<input type="text" value="10"/>	<input type="text"/>
11. Add lines 9 and 10	<input type="text" value="11"/>	<input type="text" value=".00"/>
12. Total Underpayment. Subtract line 11 from line 8. If zero or less, STOP HERE! You do not owe a penalty. Attach this schedule to your tax return	<input type="text" value="12"/>	<input type="text" value="200.00"/>
13. Multiply line 12 by 10% (.10). Enter this amount on line 30 of Form IT-40 or line 28 of Form IT-40PNR	<input type="text" value="13"/>	<input type="text" value="20.00"/>

Installment Period Due Dates

Section E - Regular Method	A 1st Installment April 15, 1998	B 2nd Installment June 15, 1998	C 3rd Installment September 15, 1998	D 4th Installment January 15, 1999
14. Minimum required installment payment: divide amount on line 8 by 4	<input type="text" value="14"/>	<input type="text" value="50.00"/>	<input type="text" value="50.00"/>	<input type="text" value="50.00"/>
15. 1998 withholding-Divide line 5 by 4	<input type="text" value="15"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="15"/>
STOP! Complete lines 16 through 19 for each column before going to the next one.				
16. 1998 estimated taxes paid per period	<input type="text" value="16"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="16"/>
17. Total installment payments (Add lines 15 and 16)	<input type="text" value="17"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="17"/>
18. Installment period overpayment	<input type="text" value="18"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>	<input type="text" value="18"/>
19. Installment period underpayment	<input type="text" value="19"/>	<input type="text" value="50.00"/>	<input type="text" value="50.00"/>	<input type="text" value="50.00"/>
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here	<input type="text" value="20"/>			
21. Underpayment penalty - Multiply line 20 by 10% (.10). Enter this amount on line 30 of Form IT-40 or line 28 of Form IT-40PNR	<input type="text" value="21"/>			

STATE OF INDIANA

ASDF ASDF

ASDF

ASDF

DE 34456-0000

Date: February 04, 1999

SSN: 111-22-2333

SSN: 111-22-2345

Dear Taxpayer,

Your electronically filed 1998 Indiana Individual Income Tax return indicates that you have a balance due to the Indiana Department of Revenue in the amount of \$ 7690 . 00 .

You should remit the balance due to the following address prior to April 15, 1999, to avoid penalty and interest.

INDIANA DEPARTMENT OF REVENUE
P. O. Box 1674
Indianapolis, IN 46206-1674

All checks or money orders are to be payable to the "Indiana Department of Revenue." If you have any questions concerning this balance due, you should contact the tax representative who filed your income tax return electronically.

Sincerely,

INDIANA DEPARTMENT OF REVENUE

Detach and mail bottom portion with your payment (Made payable to The Indiana Department of Revenue).

111-22-2333

111-22-2345

ASDF ASDF

Amount You Owe

7690.00

IND

04151999

Amount
Paid:

\$

Send To: Indiana Dept. of Revenue

I authorize payment of my liability using: (Subject to verification of credit limit)

Discover Card Payment Authorization

VERIFICATION (Dept. Use Only) _____

CARD NUMBER - - - EXPIRATION DATE

Month Year

Discover Card Member Signature

